



JILL DAVIDSON ATHENS COUNTY AUDITOR

15 S. COURT STREET, Rm 330
ATHENS, OHIO 45701
www.athenscountyauditor.org

OFFICE HOURS
MON-FRI: 8:00 AM - 4:00 PM
(740) 592-3223

**If you no longer own your dog
or it is deceased,
please contact the
Athens County Auditor's
office to inform us of this
change.**

INSTRUCTIONS FOR ATHENS COUNTY DOG LICENSES:

ON-LINE

Register your dog on-line at www.doglicenses.us/OH/Athens. Only credit card payments accepted; a per dog processing fee applies. To access your pre-filled form you will need your Account ID and Password listed below.

Account ID:

Password:

BY MAIL

1. Complete and Sign this form. Be sure the correct owner, street address, and pet description(s) appear on all applications.
2. Use this form to register 1 to 5 dogs. If you have more than 5 dogs, please list them on a separate application which can be acquired at www.athenscountyauditor.org or by calling the Athens County Auditor's Office at (740-592-3223) and return it with this form. Ohio law requires a license for every dog more than 3 months of age.
3. Enclose a check or money order for the correct fees payable to: **Athens County Auditor. Before January 31**, licensing rate for a one year tag is **\$28.00 per dog***. **After January 31**, statutory late penalty increases the licensing rate to **\$56.00 per dog***. Your application cannot be processed without the correct fees.
4. Please return the application, check or money order, and self-addressed stamped envelope. A receipt will be enclosed with your 2026 license tag(s).

IN PERSON

Tags may be purchased in person at the Athens County Auditor's Office, 15 S. Court St. Rm 330, Athens, OH 45701 or the Athens County Dog Shelter, 13333 S.R. 13, Chauncey, OH 45719. Please bring the attached form when purchasing tags.

*Qualifying for Discounted Rates

If your dog qualifies for the spayed/neutered discount, the dog license fee is \$18 per dog before January 31 and \$36 per dog after January 31.

To qualify for the discount, your dog must meet one of the criteria below.

1. Spayed or Neutered. (Indicate in "Spay/Neuter" field below)
2. Advanced in years or has a medical condition preventing the dog from being spayed or neutered. (Indicate in "Adv/Med" field below)
3. Used or intended to be used for breeding, showing, or hunting. (Indicate in "Breed/Shw/Hnt" field below)
4. 9 months or younger. (Indicate in "Age" field below)

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red

APPLICATION for the registration of dog(s) for the year 2026

JILL DAVIDSON, Athens County Auditor
15 S. COURT ST., Rm 330; ATHENS, OH 45701

| Age | | Sex | Spay/ | Adv/ | Breed/ | Color | | | | | | | | Hair | Breed | Dog Name | P/T | Fee Paid | Penalty | --Office Use-- 2026 License # |
|--|-----|-------|--------|------|---------|-------|----|----|----|----|----|----|----|---------|--|----------|-------------------|----------|---------|-------------------------------------|
| YRs | MOs | (M/F) | Neuter | Med | Shw/Hnt | BL | WH | GR | BD | TA | BR | YE | RE | (S/M/L) | | | | | | |
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| Vet/Clinic: | | | | | | | | | | | | | | | I the undersigned, Owner, Keeper, or Harbinger of the dog(s) listed above, declare under penalty of perjury that the information is true and accurate to the best of my knowledge. | | Total Fee Paid | \$ | | |
| Owner Information Name: _____ Street Address: _____ Mailing Address: _____ <small>if different (e.g. P.O. Box)</small> City: _____ State: _____ ZipCode: _____ | | | | | | | | | | | | | | | Signature of Applicant _____ | | Total Penalty | \$ | | |
| | | | | | | | | | | | | | | | Date Signed _____ | | Total License Fee | \$ | | |
| Phone # _____ Email _____ | | | | | | | | | | | | | | | Deputy or Agent _____ | | | | | |